December 16, 2005

Comments on Monterey County
CSS Committee members: Rose King, Tricia Wynne, Hector Mendez and Darlene Prettyman

Monterey County has a very ambitious set of strategies. The county developed strategies in coordination with their stakeholders and a very ambitious outreach process. Committee members were impressed with the number of people who attended the meetings, but were not clear on who attended. How many family members, how many clients? It is essential that in future plans, counties include that information.

The county stated a goal of transformation: whatever it takes for all of our clients. What a great way to start. Presently, there is an AB 2034 program and there is a modest wrap around program. The county is proposing a full service partnership for 1000 consumers with intensive services offered 24-7. This expansion of a transformational program is commendable.

Beyond that, the plan demonstrates limited evidence of a vision for system transformation. The plan actually focuses mostly on *doing "for"* the population in most areas rather than *doing "with"* whenever there was a chance.

The committee members believe Monterey county plan demonstrates limited risk-taking, i.e., to venture into sharing with existing committed community resources. Sub-contracting out with CBO's, Faith Based Organization or with local advocacy groups is not part of this plan. Special populations such folks with disabilities are not included in the dialogue nor their input is recorded or documented.

The tremendous potential contribution of consumers and families in decision-making is limited. To begin the process of a new and enhancing collaborative partnership from the bottom up requires committed paradigm shift. The concept of wellness-recovery and resilience, as central indicators for transformation, gets lost in the repetitive language emphasizing services over more inclusive human relations. The plan perpetuates a medical model in which consumers are subjects and professionals monopolize the healing process. Again, the plan focuses on pathology and does not allow room for new and more contemporary " positive psychology" now well researched. The need to shift from a pathological model to more positive view of humans with emotional challenges will better validate the strengths of consumers and families as baseline.

The county proposes a counselor in schools in order to provide school based services with the intent of reducing stigma. This is a good approach.

The county has plans to hire consumers and family members in a number of its programs. Using the classes of behavioral aide and social worker 3—they hope to hire a number of qualified family members and consumers. They have begun to do this. The committee noted the need for adequate training of these new hires.

The county learned that stigma issues are prominent. They would like to see the state develop a campaign to reduce stigma.

The county should be commended on their plan to continue their transformation team for at least a year. It would be great if the county would include a list of who is on the team. The committee wants assurances that consumers and family members are included in a meaningful way in the planning process. For any system to experience transformation the sum of each part must be in fully included as equal partners.

The county also did a better job than the committee has seen in leveraging new funds to change and improve existing programs. In the housing discussion, it noted that the county mental health program is partnering with the housing department to combine funding streams to address the need for supportive housing. Monterey mental health has reached out to the First Five program to address the needs of children and mental illness. It is also working with federal funding streams and the United Way to address their homeless population and its needs. However, the use of county staff exclusively discounts the use of other community resources to foster a sustainable system of transformed care.

The County did not supply enough detail in its plan to allow for a thorough evaluation relating to the budget, but it committed to supplying the data to DMH.

One overarching concern that the committee had with the Monterey plan is the need for a more cohesive and integrated service system. The plan treats all identified populations as independent, non-related, separate units, almost disconnected one from the other. Children, Youth, Adults and Older Adults are the continuum of the human experience therefore central to the growth and human development process. A statement regarding this unifying vision could help provide a panoramic view to how Monterey County proposes to make creative and innovative adjustments for system transformation.

The plan describes well and in a caring manner the TAY population. It proposes the establishment of a TAY Commission to address the need for development of additional services. However, the plan does not describe a plan or strategy to include this challenging population in its program development. TAY should be considered as central decision makers to take control of their own healing process. The committee recommends that the county bring in Spanish and non-English speaking youth (TAY) for a focus group in which the youth are assisted by professionals in developing the questions and allow TAY to lead the discussion. The outcome of such focus group should be part an addendum to the plan.

The proposed plan documents well the linguistic and cultural challenges faced by Monterey county in view of the large Spanish speaking populations and demonstrated, graphically, the deployment of Spanish speaking county staff to substantiate the need for new hires. The language utilized in the proposed plan appears sensitive with definite concerns that something needs to be done. However, the plan gives the impression that

the best way to achieve such goal is by hiring Spanish-speaking staff. The committee believes that this approach needs to be expanded upon. Hiring or working with Spanish speaking community resources with appropriate training and close monitoring would be an option to begin system transformation.

A few final comments:

The County should clarify further the methods to outreach the non-English speaking. At a minimum, the executive summary of the plan should be translated into Spanish. This is very important given the demographic data offered in the plan demonstrate that the Spanish speaking population is the majority group in the county. This can indeed send a message to that large community that county operated services are willing and open to expand needed partnerships and innovative services.

On a related note, the County demonstrates a willingness to serve special and ethnic populations to respond to cultural differences. The plan offers a dynamic outreach effort from the top down. There is a need to revisit this area and include strategies in which ethnic cultural communities may play a major role.

The committee does not approve the use of CSS funds to be spent on probation officers and law enforcement resources. We believe that it supplants existing program dollars and does not result in services. The hiring of probation officers should be paid for from other county funding sources, not the MHSA dollars.

Judicial Officer
Courtroom Clerk
MH Coordinator
Court Reporter
Attorney
MH Coordinator_____

TOTAL COST	$	149.015	328.895	376.403

CHILDREN AND YOUTH
Number served Annually: 15

* Assessment and case management services for juvenile mental health court, assign staff, court assigned staff to provide intensive case management for adjudicated juvenile mental health youth, provide court staffing
  MUST CHECK FOR DUPLICATION AND SUPPLANTATION

TAY POPULATION
Number served annual: no reference
* services related to law enforcement and probation "crisis response"
  diffused responsibility with MH. Lack of vision for service integration

(no mention of possible collaboration with mobile team).

ADULT SERVICES no reference

- * Alternative to jail services; integrated services with law enforcement, Probation and courts; establishment of MH courts for Adult clients with criminal charges.

The Oversight and Accountability Commission is working to develop an information base to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system. We are enlisting your assistance in measuring the magnitude of changes taking place now and for many years to come.

Please provide a description of the mental health system in your county today, outlining the structure of the service delivery system, access policies for children and adults, and the range of services received by all children and adults who are not in a categorical funding or children ’s wraparound program. What are the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served? What percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services?

How would you assess the gap between the present quality of care and the service standards that you would like to achieve? How will the three-year Community Services and Supports plan move your county system toward the standards set by the Mental Health Services Act?